

Express Mail # EV 2121103803

PTO/SB/07 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <div style="text-align: center;">TED</div>		Filing Date <div style="text-align: center;">10/24/03</div>			
							Applicant(s) <div style="text-align: center;">Stephen R. Kay</div>					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54	1				
5							55	1	2			
6							56		2			
7							57		2			
8							58		2			
9							59		2			
10							60		2			
11							61		2			
12							62		2			
13							63		2			
14							64		2			
15	4						65		3			
16							66	1				
17							67					
18							68	1				
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27	1						77					
28	1						78					
29		2					79					
30		2					80					
31		2					81					
32		2					82					
33		2					83					
34		2					84					
35		2					85					
36		2					86					
37		2					87					
38		2					88					
39		2					89					
40		3					90					
41	1						91					
42	1	1					92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	4						Total Indep	5				
Total Depend		45					Total Depend		25			
Total Claims	4	45					Total Claims	5	25			

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